

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE								
						APPLICANT(S)									
						CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP		IND	DEP		IND	DEP
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47							97								
48							98								
49							99								
50							100								
TOTAL IND.	/														
TOTAL DEP.	/	↔		↔		↔									
TOTAL CLAIMS	V	[QR]	[QR]	[QR]	[QR]	[QR]									